

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

| | | | | | |
|--|---------|---|---------------------------|---------------|-----------|
| 1. Date of Request: | 3/16/90 | 2. Serial/Patent #: | 08/578343 | | |
| 3. Please refund the following fee(s): | | | 4. PAPER NUMBER | 5. DATE FILED | 6. AMOUNT |
| <input checked="" type="checkbox"/> Filing | | 1 | 12-26-95 | \$ 88.00 | |
| <input type="checkbox"/> Amendment | | | | \$ | |
| <input type="checkbox"/> Extension of Time | | | | \$ | |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | | \$ | |
| <input type="checkbox"/> Petition | | | | \$ | |
| <input type="checkbox"/> Issue | | | | \$ | |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | | \$ | |
| <input type="checkbox"/> Maintenance | | | | \$ | |
| <input type="checkbox"/> Assignment | | | | \$ | |
| <input type="checkbox"/> Other | | | | \$ | |
| | | | 7. TOTAL AMOUNT OF REFUND | \$ 88.00 | |
| | | | 8. TO BE REFUNDED BY: | | |
| <input checked="" type="checkbox"/> Overpayment | | <input checked="" type="checkbox"/> Treasury Check | | | |
| <input type="checkbox"/> Duplicate Payment | | <input checked="" type="checkbox"/> Credit Deposit A/C #: | 9. 06 -- 1285 | | |
| 10. REASON: | | | | | |
| <input checked="" type="checkbox"/> | | | | | |
| 11. REFUND REQUESTED BY: | | | | | |
| TYPED/PRINTED NAME: <i>G. Br. G.</i> | | | TITLE: <i>Legal Clerk</i> | | |
| SIGNATURE: <i>G. Br. G.</i> | | | PHONE: <i>308-2024</i> | | |
| OFFICE: <i>ONAP - 1 Ram</i> | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY ***** | | | | | |
| APPROVED: <i>John J. Johnson</i> | | | DATE: <i>5/28/90</i> | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand carry to: